

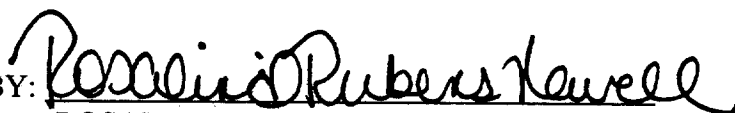
01-*R* -1358

Entered - 4-22-99 - sb
CL - 99L0245 - ALEXIS HOLMES

CLAIM OF: **PHILIP BRACHMAN**
4279 Wickersham Drive
Atlanta, Georgia 30327

For damages alleged to have been sustained when a City vehicle destroyed his trash container on March 22, 1999 at 4279 Wickersham Drive.

THIS ADVERSE REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0245

Date: 8/13/01

Claimant/Victim PHILIP BRACHMAN

BY: (Atty) _____

Address: 4279 Wickersham Drive Atlanta, Georgia 30327

Subrogation: _____ Claim for Property damage \$ 28.00 Bodily Injury \$ _____

Date of Notice: 4/14/99 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 3/22/99 Place: 4279 Wickersham Drive

Department Public Works Division: Solid Waste

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant sustained damages when a City vehicle destroyed his trash container. However, the claimant has informed the City that his claim was previously resolved, and he has received a check from the City in the above amount.

INVESTIGATION:

Statements: City employee _____ Claimant X Other _____ Written _____ Oral X

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

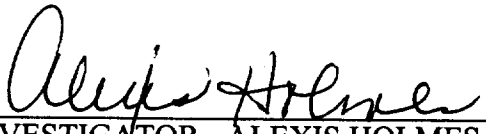
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

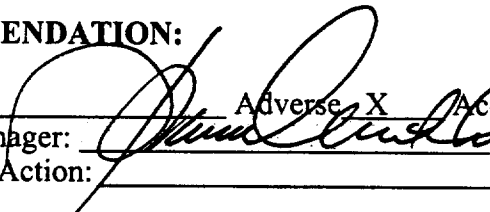
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 08-14-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue SW
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 3/30/99

ENTERED - 4-22-99 - SB
99L0245 - MIKE REEVES

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 28.00 for property and/or \$ _____ for bodily injury for which I contend the City is liable.

1. Date of incident March 22, 1999 2. Time of incident ~ 10 AM 3. Police called Yes ☒ No ☐

4. Location of incident (including street address): 4279 Wickersham Dr

5. Name of your insurance company: USAA Policy No: _____

6. State what and how the incident occurred: Personal trash can used for
Yard waste was destroyed by sanitation
pickup -

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City Vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State Law, nor is it admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Philip Brachman
Signature of Claimant

Philip Brachman
Print Claimant's Name

4279 Wickersham Dr
Address

Atlanta GA 30327
City, State and Zip Code

4-355-1353 4-261-2369
Work Number Home Number

01-R-1358